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Title: Evaluating Dermatology Curricula in US Medical Schools

Hania K. Flaten, B.A.^{1*}, Stephanie Kuschel, B.A.^{2*}, Robert P. Dellavalle, M.D., PhD, MSPH^{1,3,4},
Cory A. Dunnick, M.D.^{1,3}

* denotes co-first author

¹Department of Dermatology, University of Colorado School of Medicine, Aurora, CO, 80045

²Indiana University School of Medicine, Indianapolis, IN, 46202

³Dermatology Service, Eastern Colorado VA Health Care System, Aurora, CO, 80010

⁴Department of Epidemiology, Colorado School of Public Health, Aurora, CO, 80045

Corresponding author:

Cory A. Dunnick, MD, Associate Professor, Department of Dermatology, University of Colorado
School of Medicine, University of Colorado Hospital, 1665 Aurora Ct, Mail Stop F703, Aurora,
CO 80045

Phone: 720-848-0500

Email: Cory.Dunnick@ucdenver.edu

Please cc: hania.flaten@ucdenver.edu

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Body of manuscript: The last comprehensive description of dermatology curricula in United States (US) medical schools found that responding programs offered an average of 16.3 hours of dermatology instruction, and 8% required no dermatology instruction¹. A decade later, our study sought to characterize the current state of dermatology curricula in US medical schools.

Medical school curriculum leaders at the 151 US allopathic medical schools holding accreditation status by the Liaison Committee on Medical Education on June 28, 2018 were emailed invitations for participation in a survey assessing their school's dermatology curriculum via the Research Electronic Data Capture system (REDCap). Survey responses were received from 79 of 151 medical schools (52%). Schools reporting total hours greater than three standard deviations from the mean were contacted to confirm accuracy of data.

Among the responding schools, 97.4% had a required dermatology curriculum, and 62 of 79 (78.5%) were associated with a dermatology department. Most schools incorporated lectures (97.4%) or small groups (74.7%) as part of their required dermatology curriculum. Three schools required clinical hours of instruction in dermatology. Although 79 schools responded to the survey, only 69 completed fields indicating number of hours of dermatology instruction. The mean number of hours of dermatology instruction was 12.6 hours (median=10, range 0-34) of lecture and 4.9 hours (median=4, range 0-33) of small group over all four years of medical school. Total instruction, including lecture and small group instruction, averaged 17.5 hours (median=14, range 0-42) over four years, indicating approximately one additional hour of dermatology instruction compared to the average in 2009. Many responding schools offered optional clinical hours in dermatology (68.6%), and 97.5% offered optional dermatology electives. Schools without required dermatology curricula cited limited time and status as elective. Eleven respondents indicated instruction was inadequate due to limited time and administrative emphasis on subjects other than dermatology.

The reliability of this survey was limited by the 52% response rate, as response bias in schools with strong dermatology curricula may have led to an overestimate of the mean number of dermatology instructional hours. In addition, the study relied upon self-reported data and self-reported identification of respondents to confirm that an appropriate recipient had filled out the survey.

Given the burden of dermatologic disease in primary care,^{3, 4} it is reasonable to suggest a minimum standard of dermatology curriculum during medical school to adequately prepare future clinicians to treat dermatologic disease. Our study identified competition for curriculum time as a barrier to additional dermatology instruction for some schools. Prioritizing clinical exposure to dermatologic diseases in medical school and utilizing standardized educational modules may be strategies to improve dermatology education in a time-efficient but effective manner.

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